

## Frequently Asked Questions

### **How do I sign up for the program?**

You need to complete an Authorization Form for Pre-Arranged Payments and return it to the City of Asheville's Customer Services Division. You will still receive a copy of your utility bill each time.

### **What happens if I have questions about my bill?**

Call Customer Services (828-251-1122) immediately and request a review of your account. If the charge is erroneous, your account will be adjusted and your draft may be stopped by our staff.

### **Can my utility bill be drafted from my checking or savings account?**

Yes. Drafts can also be made from financial institutions outside of North Carolina. Drafts cannot be

made on credit card accounts, IRA accounts, stock accounts, or bond accounts.

### **What happens if there isn't enough money to cover my draft?**

Drafts are presented to the City's account only once. If your financial institution does not pay the debit, the City of Asheville will impose a returned item fee.

### **When does my draft start?**

The message "BANK DRAFT—DO NOT PAY" will be printed on your next bill indicating the draft will be done for that bill.

### **How can I update my draft information?**

We must receive the request in writing, either by letter or authorization agreement form. If you wish to draft from a checking account, a voided check or a letter from the bank stating the routing number and account number for the new checking account is needed. If you wish to draft from a savings account, a

letter from your bank disclosing the name(s) on account, routing number, and account number for the new savings account is needed.

### **When will my account be drafted for my bill?**

Your draft date will be up to three days prior to your due date.

### **Are final bills drafted?**

Yes.

### **How do I cancel my participation in the direct debit program?**

If you should decide not to continue participating, you may cancel by notifying the Customer Services Division in writing.

## AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (DEBITS)

Please fill out this form completely

I (we) hereby authorize the City of Asheville to initiate debit entries to my (our) [check one only]:  
\_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account indicated below and the depository name  
below, hereinafter called DEPOSITORY, to debit the same to such account. **Your account  
may be drafted up to three days before your due date.** THIS AGREEMENT IS  
NONTRANSFERABLE AND NON NEGOTIABLE

BANK/DEPOSITORY \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ROUTING/TRANSIT # \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_ SAVINGS ACCOUNT # \_\_\_\_\_

This authority is to remain in full force and effect until DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the DEPOSITORY a reasonable opportunity to act on it. A customer has the right to stop payment of a debit entry by notification to DEPOSITORY prior to charging account. If an erroneous debit is initiated by the CITY OF ASHEVILLE to a customer's account, customer shall have the right to have the amount of such entry credited to such account by DEPOSITORY, if, within fifteen calendar days following the date on which DEPOSITORY sent to customer a statement of account or written notice pertaining to such entry or 45 days after posting whichever comes first, the customer shall have sent to DEPOSITORY a written notice identifying such entry, stating that such entry was in error and requesting DEPOSITORY to credit the amount thereof to such account.

The Electronic Transfer Act, Section 205.10 requires that an authorization agreement must be signed by consumers who want their accounts automatically debited for payment, and that a copy of such authorization be given them. **(YOU WILL CONTINUE TO RECEIVE A COPY OF YOUR BILLING STATEMENT EACH BILLING PERIOD.)**

ACCOUNT NAME (print) \_\_\_\_\_ PHONE # \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

WATER ACCOUNT # \_\_\_\_\_ CUSTOMER # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

Street/P.O. Box

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Must be signed by bank account holder)

**\*\*\*Draft from a checking account you must include a voided check\*\*\***

**\*\*\*Draft from a savings account you must include an official bank letter \*\*\***

(Letter must include Name(s) on account, Account Number, and Routing Number)

Return completed Authorization Agreement form to:

Customer Services Division

P. O. Box 733, Asheville, NC 28802

828-259-5965 (Fax)

egovutility@ashevillenc.gov